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TRANSMITTAL FORM

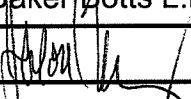
(to be used for all correspondence after initial filing)

Application Number	10/537,217
Filing Date	11/18/2005
First Named Inventor	Tajimi, et al.
Art Unit	1625
Examiner Name	O'Dell, David K.
Total Number of Pages in This Submission	078503.0104

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Copy of March 31, 2008</i> <i>Terminal Disclaimer</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Jason C. Chumney		
Date	11/03/2008	Reg. No.	54,781

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130)

Complete if Known

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First Named Inventor	Tajimi, et al.
Examiner Name	O'Dell, David K.
Art Unit	1625
Attorney Docket No.	078503.0104

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

Extra Claims Fee Fee Paid

Total Claims

x =

Independent Claims

x =

Multiple Dependent

=

SUBTOTAL

Fee Description

Large Entity

Small Entity

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim, if not paid

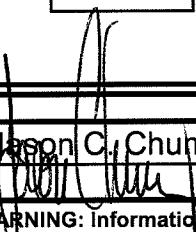
FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/>	Surcharge - late oath or filing fee	<input type="text"/>
<input type="checkbox"/>	Non-English Specification	<input type="text"/>
<input checked="" type="checkbox"/>	Extension for reply within first month	\$130
<input type="checkbox"/>	Extension for reply within second month	<input type="text"/>
<input type="checkbox"/>	Extension for reply within third month	<input type="text"/>
<input type="checkbox"/>	Extension for reply within fourth month	<input type="text"/>
<input type="checkbox"/>	Extension for reply within fifth month	<input type="text"/>
<input type="checkbox"/>	Notice of Appeal	<input type="text"/>
<input type="checkbox"/>	Filing a brief in support of an appeal	<input type="text"/>
<input type="checkbox"/>	Petition to revive - unavoidable	<input type="text"/>
<input type="checkbox"/>	Petition to revive - unintentional	<input type="text"/>
<input type="checkbox"/>	Utility Issue Fee	<input type="text"/>
<input type="checkbox"/>	Design Issue Fee	<input type="text"/>
<input type="checkbox"/>	Publication Fee	<input type="text"/>
<input type="checkbox"/>	Petitions to the Commissioner	<input type="text"/>
<input type="checkbox"/>	Request for Continued Examination (RCE)	<input type="text"/>
<input type="checkbox"/>	Information Disclosure Statement (IDS)	<input type="text"/>
Other fee -		<input type="text"/>
SUBTOTAL		(\$ 130)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Jason C. Chumney	Registration No. (Attorney/Agent)	54,781	Telephone	212-408-2500
Signature				Date	11/03/2008

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